

# Georgia Department of Public Health Contract for Services

Solicitation Title <b>Positive Alternatives for Pregnancy 2017</b>	Solicitation Number <b>DPH0000126</b>	Contract Number <b>40500-040-17172496</b>
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1. This Contract is entered into between the Georgia Department of Public Health and the Contractor named below:

**Life Resources of Georgia, Inc. (hereafter called Contractor)**

2. Contract to Begin: <b>6/30/2017</b>	Date of Completion: <b>6/29/2018</b>	Renewals: <b>Four (4)</b>
3. Performance Bond, if any: <b>N/A</b>	Other Bonds, if any: <b>N/A</b>	
4. Maximum Amount of this Contract: <b>\$3,000,000.00</b>	Total Financial Obligation of the Department for the First Fiscal Year: <b>\$3,000,000.00</b>	Total Financial Obligation of the Department for each Renewal Period if Renewed: <b>TBD</b>

IN WITNESS WHEREOF, this Contract has been executed by the parties hereto.

5. **Life Resources of Georgia, Inc. (hereafter called Contractor)**

Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.)

*Christina Middleton*

By (Authorized Signature)

*Christina Middleton Executive Director*

Date Signed

*7/28/17*

Printed Name and Title of Person Signing

*P.O. Box 6375, Macon, GA 31208*

Address

6. **Georgia Department of Public Health (hereafter called "DPH" or "Department")**

By (Authorized Signature)

Date Signed

Printed Name and Title of Person Signing

Address

**2 Peachtree St. NW, 15<sup>th</sup> Floor, Atlanta, GA 30303**

7. Authorized Person to Receive Contract Notices for Department:

**Business Owner:**

Diane Durrence  
Georgia Department of Public Health  
2 Peachtree St. NW, 11<sup>th</sup> Floor  
Atlanta, GA 30303  
Phone: 404-657-2742  
Email: [Diane.Durrence@dph.ga.gov](mailto:Diane.Durrence@dph.ga.gov)

**Contract Administrator:**

Jamillia L. Richmond  
Georgia Department of Public Health  
2 Peachtree St. NW, 9<sup>th</sup> Floor  
Atlanta, GA 30303  
Phone: 404-232-1142  
Email: [Jamillia.Richmond@dph.ga.gov](mailto:Jamillia.Richmond@dph.ga.gov)

Authorized Person to Receive Contract Notices for Contractor:

**Business Contact:**

Christina Middleton  
Life Resources of Georgia, Inc.  
Phone: 678-622-5947  
Email: [christina@liferesourcesga.com](mailto:christina@liferesourcesga.com)

**Physical Location:**

6405 Sugarloaf Parkway  
Duluth, GA 30097

**Mailing Address:**

P.O. Box 6375  
Macon, GA 3102

8. The parties agree to comply with the terms and conditions of the following attachments which are by this reference made a part of the Contract:

**ATTACHMENT 2**  
**VENDOR LOBBYIST DISCLOSURE AND REGISTRATION CERTIFICATION FORM**

Pursuant to Executive Order Number 10.01.03.01 (the "Order"), which was signed by Governor Sonny Perdue on October 1, 2003, Contractors with the state are required to complete this form. The Order requires "Vendor Lobbyists," defined as those who lobby state officials on behalf of businesses that seek a contract to sell goods or services to the state or those who oppose such a contract, to certify that they have registered with the State Ethics Commission and filed the disclosures required by Article 4 of Chapter 5 of Title 21 of the Official Code of Georgia Annotated. Consequently, every vendor desiring to enter into a contract with the state must complete this certification form. False, incomplete, or untimely registration, disclosure, or certification shall be grounds for termination of the award and contract and may cause recoupment or refund actions against Contractor.

In order to be in compliance with Executive Order Number 10.01.03.01, please complete this Certification Form by designating only one of the following:

- ☒ Contractor *does not* have any lobbyist employed, retained, or affiliated with the Contractor who is seeking or opposing contracts for it or its clients. Consequently, Contractor has not registered anyone with the State Ethics Commission as required by Executive Order Number 10.01.03.01 and any of its related rules, regulations, policies, or laws.
- ☐ Contractor *does have* lobbyist(s) employed, retained, or affiliated with the Contractor who are seeking or opposing contracts for it or its clients. The lobbyists are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Contractor states, represents, warrants, and certifies that it has registered the above named lobbyists with the State Ethics Commission as required by Executive Order Number 10.01.03.01 and any of its related rules, regulations, policies, or laws.

- ☐ Contractor is a Georgia state agency.

CONTRACTOR NAME (print):

Life Resources of Georgia

BY:

Christina Middleton

SIGNATURE DATE

7/28/17

**ATTACHMENT 4**  
**Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which seeks to bid or sign a contract for the performance of labor or services on behalf of the Georgia Department of Public Health, has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the performance of labor or services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

26-0541427

Federal Work Authorization User Identification Number

7/28/17

Date of Authorization

Life Resources of Georgia

Name of Contractor

Positive Alternatives for Pregnancy + Parenting Program

Name of Project

Department of Public Health

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

This 28<sup>th</sup> day of July, 2017

Christina Middleton  
Signature of Authorized Officer or Agent

Christina Middleton, Executive Director  
Printed Name and Title of Authorized Officer or Agent

Subscribed before me this 28<sup>th</sup> day of July, 2017

Katrina Lewis

NOTARY PUBLIC

My Commission Expires: 7-29-19

[DPH Form CG09008A (Rev. 7.2013): For use with contracts for labor or services of \$2500 or more]



Rules. These policies and procedures, and evidence of their implementation, shall be provided to DPH upon request.

7. All communications related to compliance with this Agreement will be forwarded to the following Privacy and Security Contacts:

A. At DPH: Meredith Grant  
HIPAA Privacy Officer, Office of General Counsel  
2 Peachtree Street, NW, 9<sup>th</sup> Floor  
Atlanta, Georgia 30303  
Meredith.Grant@dph.ga.gov  
404-232-1682

Tamika Bass, CISA, CRISC, CBCP  
Chief Information Security Officer, Office of Information Technology  
2 Peachtree Street, NW, 12<sup>th</sup> Floor  
Atlanta, Georgia 30303  
Tamika.Bass@dph.ga.gov  
404-463-0802

B. At Contractor: Christina Middleton  
Life Resources of Georgia  
P. O. Box 6375, Macon, GA 31208  
Christina@liferesourcesga.com

8. Contractor further agrees:

- A. Contractor will not request, create, receive, use or disclose PHI other than as permitted or required by this Agreement, the Contract, or law.
- B. Contractor will establish, maintain and use appropriate administrative, physical, and technical safeguards to prevent loss, use, or disclosure of the PHI other than as provided for by this Agreement, the Contract, or law.
- C. Contractor will implement and use administrative, physical, and technical safeguards that protect the confidentiality, integrity and availability of the electronic PHI that it creates, receives, maintains, or transmits on behalf of DPH.
- D. In addition to the safeguards described above, Contractor shall impose access controls that restrict access to PHI to the individuals listed on D-1 and D-2, as amended from time to time.
- E. Contractor will password-protect and encrypt all electronic PHI for transmission and for storage on portable computers and media devices.
- F. Contractor will mitigate, to the extent practicable, any harmful effect that result from a loss, use, or disclosure of PHI by Contractor in violation of the requirements of this Agreement, the Contract, or law. Contractor shall bear the costs of mitigation, which shall include the

created or received by Contractor on behalf of DPH, is destroyed or returned to DPH.

- A. Termination for Cause. Upon violation of a material term of this Agreement by Contractor, DPH may provide an opportunity for Contractor to cure the breach and, if Contractor fails to cure the breach, terminate the contract upon 30 calendar days' notice.
- B. Termination for Convenience. In the event that the Contract is terminated for any reason, then DPH may terminate this Agreement for convenience.
- C. Effect of Termination.
  - i. Upon termination of this Agreement, DPH shall determine whether return or destruction of PHI is feasible. If so, then Contractor shall at the direction of DPH either destroy the PHI or to return it to DPH, keeping no copies. If DPH determines that return or destruction is not feasible, then Contractor shall continue to extend the protections of this Agreement to the PHI for as long as Contractor maintains the PHI, and shall limit the use and disclosure of the PHI to those purposes that make the return or destruction of the PHI infeasible.
  - ii. The obligations imposed upon Contractor with respect to its care, use, and disclosure of PHI, and its duty to comply with the Privacy and Security Rule with regard to such PHI, shall survive the termination of this Agreement and the termination or completion of the Contract.

11. Nothing in this Agreement is intended to confer any rights, remedies, obligations, or liabilities upon anyone other than DPH and Contractor.

12. This Agreement is intended to supplement, and not to diminish or alter, the terms and conditions of the Contract.

**Life Resources of Georgia, Inc.**

BY:

Christina Middleton  
SIGNATURE

Executive Director  
TITLE

7/28/17  
DATE

## ATTACHMENT D-1

### Individuals Permitted to Receive, Use, and Disclose DPH PHI

The following individual, as employees or agents of Contractor, need access to DPH Protected Health Information in order for Contractor to perform the services described in the Contract:

- |                              |                                  |
|------------------------------|----------------------------------|
| • <u>Christina Middleton</u> | Title: <u>Executive Director</u> |
| • _____                      | Title: _____                     |
| • _____                      | Title: _____                     |
| • _____                      | Title: _____                     |
| • _____                      | Title: _____                     |
| • _____                      | Title: _____                     |
| • _____                      | Title: _____                     |

Approved methods of secure delivery of PHI between Contractor and DPH:

- Secure FTP file transfer (preferred)
- Encrypted email or email sent through "secure tunnel" approved by DPH Information Security Officer
- Email of encrypted document (password must be sent by telephone only)
- Encrypted portable media device and tracked delivery method

Contractor must update this list as needed and provide the updated form to the DPH Project Leader. Use of DPH Protected Health Information by individuals who are not described on this Attachment D-1, as amended from time to time, is a violation of the Agreement.

DPH Project Leader Contact Information:

Christina Middleton  
christina@liferesourcesga.com  
678-622-5947

## ATTACHMENT D-2

### Part 1:

Please initial beside the correct option. Please select only one option.

\_\_\_\_\_ Contractor DOES NOT need any user accounts to access DPH Information Systems. Do not complete Part 2 of this form.

Cm Contractor DOES need user accounts to access DPH Information Systems. Please complete Part 2 of this form.

### Part 2:

Please complete the table below if you indicated that Contractor DOES need any user accounts to access DPH Information Systems. Please attach additional pages if needed.

#### **List of Individuals Authorized to Access a DPH Information System Containing PHI**

The following individuals, as employees or agents of Contractor, need access to DPH Information Systems containing DPH Protected Health Information in order for Contractor to perform the services described in the Contract:

Full Name	Employer	DPH Information System	Type of Access (Read only? Write?)
Christina Middleton	Life Resources of Georgia		write

The DPH Project Leader must submit a completed DPH Network Access Request Form for each individual listed above, and for anyone who might later be added to this list.

Contractor must notify the Project Leader identified in the Contract immediately, but at least within 24 hours, after any individual on this list no longer needs the level of access described. Failure to provide this notification on time is a violation of the Agreement.

Contractor must update this Attachment D-2 as needed and provide the updated form to the DPH Project Leader.

[DPH Form GC-00901A (Rev. 7.2.2013)]